

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

HIGGINS COMMITTEE

IMPORTANT: Indicate by # type of committee you are reporting for: ☐

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other
Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political
Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

JAMES N HIGGINS

Political Party (if applicable)

Office Sought

COUNCIL

District (if Senate or House)

FORM

DR-2

(Rev. 12/2005)

DISCLOSURE
REPORT

For Office Use Only

Comm. # _____

Logged In _____

Scanned _____

Computer _____

Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

James N Higgins
SIGNATURE OF PERSON FILING REPORT

515-227-5567
TELEPHONE

10-17-07
DATE SIGNED

I AM FILING A 10-17-07 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate by # ☐

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

10-17-07 COUNTY
County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

36200

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below).....

Schedule F: Loans Received total (Attach Schedule F).....

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).....

Schedule F: Loan Repayments total (Attach Schedule F).....

36200

CASH ON HAND at the end of this reporting period (if final report balance must be zero).....

0

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

855.68

CONSULTANT BREAKDOWN (Schedule G Attached?)

___ YES ___ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE

B

(Rev. 07/03)

MONETARY EXPENDITURES

□

**CHECK THIS BOX IF
AMENDING FORM**

COMMITTEE NAME (Must be same as on Statement of Organization)

Higgins Comm 177E

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/2007	ID# CK#	JAMES HIGGINS, CANDIDATE	REIMBURSEMENT PERSON EXPENSE	\$ 362. ⁰⁰
	ID# CK#		SEE ATTACHED FOR ITEMIZATIONS	
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 362. ⁰⁰
TOTAL (if last page of this schedule)				\$ 362. ⁰⁰

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(j).)

Page _____ of _____

(for Schedule B)

COMMITTEE NAME (Must be same as on Statement of Organization)

12/66/MS - COMMITTEE

SCHEDULE (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

ITEMIZED REIMBURSEMENTS

FOR FUND RAISER

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
9-14-07	PATY PRODUCTIONS			\$ 8.50	
9-19-07	" "			37.74	
9-24-07	BAKENY			31.25	
9-21-07	SAWYER'S MEATS			85.00	
9-22-07	SALADS				
	TUM THUMB			101.44	
	POP				
9-22-07	FANEWAY STORES			62.97	

SUB-TOTAL \$

362.90

TOTAL (if last

\$

page of this
schedule)

362.90

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ of _____
(for Schedule "C")

COMMITTEE NAME (Must be same as on Statement of Organization)

HIGGINS COMMITTEE

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
7-31-07	BUCKNOYD BOOTH			\$ 50.88	
8-8-07	CHAMBER OF COMMERCE			35.00	
8-13-07	EPC - FLYER SIGNS			189.74	
8-31-07	DOUBLE - m POST-CARDS			250.00 80.56	
9-7-07	EPC - SIGNS			76.00	
9-13-07	ADVERTISEMENT NEWSPAPER			249.15	

SUB-TOTAL \$ 855.68

TOTAL (if last
page of this
schedule) \$ 855.68

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Page 1 of 1
(for Schedule E)